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APPLICANTS

Michael J. Caplan, Woodbridge, CT; *OK, P.H.*

**** CONTINUING DATA *******
 This application is a DIV of 09/731,375 12/06/2000
 which claims benefit of 60/195,035 04/06/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 04/05/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *PH*

ADDRESS
 24280
 CHOATE, HALL & STEWART LLP
 EXCHANGE PLACE
 53 STATE STREET
 BOSTON, MA
 02109

TITLE
 Microbial delivery system

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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